U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - /2668

3. Name and address of person filing.

Name Annold Kevin Fetters

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/1 /2004 Through: 12/31/2004

4. Name, file number, and address of labor organization.

Labor Organization File Number 021-127

Name Laborers Local 773

P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
DO. Box 1915	
Street 100 East Patrick St.	Street 1115 East Main
City Marion	City Marie 12
62959	62459
State /L Lineis ZIP Code + 4	State /LL /10:5 ZIP Code + 4
5. Position in labor organization.	e e e e e e e e e e e e e e e e e e e
,	
(e):cept as specified in the	r spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):
monetary value from an employer whose employees your organ	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
r.o. box, blug., Room No., ii any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
	Signature
15. Signature and verification. The undersigned declares, under penal	ty of Perjury and other applicable penalties of the law, that all of the information

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Telephone Number

13.a. Name and address of Employer or La (including trade name, If any).	bor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:	,	
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZìP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

8. Name and address of Business (including trade name, if any). Southern ILLine's Laborers Employers	9. Business deals with:	
Name Confermin and Education Trust	a. Labor Organization	
Trade Name, if any: LECET	(b) Trust	
P.O. Box, Bldg., Room No., if any Street Pos West-Deyons Street, Soite D	c. Employer	
City Marion 62959		
State //Lino: 5 ZIF Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name. Southern 166, nois 166 nois Laborers Employers Name Cooperation and Education Trust	11.a. Nature of such dealing Provides Compenation and Coopenation Education to Union Signatury contractor	
Trade Name, if any: LECET		
P.O. Box, Bldg., Room No., if any Po Box 1245		
Street 805 West. De young Street, Suite D	11.b. Approximate dollar value of such dealing.	
City Merian 62959	12.a. Nature of interest held or income received.	
State /LLineis ZIP Code + 4	Knife & Flost	
	•	
	·	
	1000	
	12.b. Amount. 42.8	

or from any labor relations consulta	nt to an employer any payment of m	
13.a. Name and address of Employer (including trade name, if any).	or Labor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

Name	ωf	Person	Filino
MOUNT	u	- CI JUII	1.14111174

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bloand	Keulin	Feller:
みへいシノゾ	L60,10	retter:

File Number U-

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included the dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
B. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street	
City	
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City State ZIF Code + 4	12.a. Nature of interest held or income received.
·	
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. SCILDC Chaistmes Party
Name Lakin Law Finm	
Trade Name, if any: Low Finn	

14.b. Amount of payment.

65.00

State /LLinus

P.O. Box, Bldg., Room No., if any

Street 301 Evans Ave.

13.b. Is the Business an Employer $\gamma e>$

62095

ZIP Code + 4

or Consultant

?

Wood river

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business
of an employer whose employees your labor organization represents or is actively seeking to represent, or
(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise
dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Busines	ss (including trade name, if any).	9. Business deals with:	
Name		Labor Ourse fronting	
Trade Name, if any:		a. Labor Organization	
P.O. Box, Bidg., Room No., if a	ny	b. Trust	
Street		c. Employer	
City			
State	ZiP Code + 4		
10. If 9.b. or 9.c. is checked give	e trust or employer's name.	11.a. Nature of such dealing.	
Name .			
Trade Name, if any:	· · · · · · · · ·		
P.O. Box, Bldg., Room No., if ar	ny '		
Street		11 b Approximate dellar ushin of each decline	<u> </u>
City		Approximate dollar value of such dealing. Nature of interest held or income received.	<u></u>
State	ZIP Code +4		:
		12 h Amount	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant Box of Steaks (including trade name, if any). Name Lakin Law Firm Trade Name, if any: Law Firm P.O. Box, Bldg., Room No., if any Street 301 Evans Ave. wood Kiver 62095 ZIP Code + 4 State ILLineis 13.b. Is the Business an Employer 14.b. Amount of payment. ? or Consultant 143.00 B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIF Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

11.a. Nature of such dealing.

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name -

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Lakin Law firm

Trade Name, if any: Lew firm

P.O. Box, Eldg., Room No., if any

Street 30 | Evans Ave

City Wood niver

State /LLinois

62095

14.a. Nature of payment.

Annual Hunt

Friday Lunch, Dinner Setunday Break fast, Lunch, Dinner

Sunday Breakfast

Trap Shooting

Pheasant Houting

14.b. Amount of payment. ?

13.b. is the Business an Employer or Consultant

343.65